

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/11/2013
FORM APPROVED
OMB NO. 0938-0391

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|---|---|--|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157651 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/14/2012 | |
| NAME OF PROVIDER OR SUPPLIER PEOPLEFIRST HOMECARE AND HOSPICE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2415 DIRECTORS ROW, SUITE C INDIANAPOLIS, IN 46241 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| G 000 | <p>INITIAL COMMENTS</p> <p>This visit was for a home health initial medicaid certification survey.</p> <p>Survey dates: 6/11-6/14/12</p> <p>Facility # 012802</p> <p>Survey Team: Dawn Snider, RN, PHNS</p> <p>Census Service Type:</p> <p>Skilled Patients: 8 Home Health Aide Only Patients: 0 Personal Service Only Patients: 0 Total: 8</p> <p>Sample:</p> <p>RR w HV: 4 RR w/o HV: 4 Total RR: 8</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 18, 2012</p> | | | G 000 | | | |
| G 159 | <p>484.18(a) PLAN OF CARE</p> <p>The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> | | | G 159 | | | 6/28/12 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| G 159 | <p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review, policy review, and interview the agency failed to ensure the Do Not Resuscitate Status (DNR) was ordered on the medical plan of care (#4) for 1 of 8 clinical records reviewed with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <p>1. Clinical record #4, start of care 5/14/12, included a plan of care for the certification period of 5/14/12-7/12/12 that failed to evidence a DNR order that had been signed by the physician.</p> <p>A. The physician's history and physical electronically signed on 5/10/12 states, "9. Code status is Do Not Resuscitate."</p> <p>B. The intake/referral form dated 5/14/12 evidenced "DNR : No."</p> <p>C. The admission/consent form signed by the patient on 5/14/12 evidenced "1. I have made a Living Will ... yes. ... 3. I have a Do Not Resuscitate (DNR) order ... yes."</p> <p>2. The policy dated 3/21/12 titled "DO NOT RESUSCITATE/DO NOT INTUBATE Policy No. 1-005.1" states, "A written Do Not Resuscitate (DNR) and/or Do Not Intubate (DNI) order, signed by the patient's physician (or other authorized licensed independent practitioner), must be on file in the patient's clinical record and admission folder in the patient's home."</p> <p>3. On 6/13/12 at 2:45 PM, the clinical services manager (CSM) indicated there was no DNR</p> | G 159 | | | |

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| G 159 | Continued From page 2 | G 159 | | | |
| G 173 | <p>484.30(a) DUTIES OF THE REGISTERED NURSE</p> <p>The registered nurse initiates the plan of care and necessary revisions.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review, policy review, and interview, the agency failed to ensure the registered nurse included a Do Not Resuscitate (DNR) order on the plan of care for 1 of 8 patient records reviewed (#4) with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <p>1. Clinical record #4, start of care 5/14/12, included a plan of care for the certification period of 5/14/12-7/12/12 that failed to evidence a DNR order that had been signed by the physician.</p> <p>A. The physician's history and physical electronically signed on 5/10/12 states, "9. Code status is Do Not Resuscitate."</p> <p>B. The intake/referral form dated 5/14/12 evidenced "DNR : No."</p> <p>C. The admission/consent form signed by the patient on 5/14/12 evidenced "1. I have made a Living Will ... yes. ... 3. I have a Do Not Resuscitate (DNR) order ... yes."</p> <p>2. The policy dated 3/21/12 and titled "DO NOT RESUSCITATE/DO NOT INTUBATE Policy No. 1-005.1" states, "C. The DNR/DNI order will be</p> | G 173 | | 6/28/12 | |

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| G 173 | <p>Continued From page 3</p> <p>clearly identified in the clinical record ... 1. If the patient is new to home health aide service, 'Do Not Resuscitate' will be written in the special instruction of home health aide assignment sheet."</p> <p>3. The policy dated 3/21/12 and titled "WITHHOLDING AND WITHDRAWAL OF LIFE-SUSTAINING CARE Policy No. 1-007" states, "1. Upon admission, the patient receiving life-sustaining support and his/her family/caregiver will be informed of the organization policy regarding the with holding or withdrawal of this care. 2. All communication between organization personnel and the patient and family/caregiver or the physician regarding withholding or withdrawal of life-sustaining care will be documented for the clinical record."</p> <p>4. On 6/13/12 at 2:45 PM, the clinical services manager (CSM) indicated there was no DNR order.</p> | G 173 | | | |